

Rhode Island Department of Health Office of State Medical Examiners

**Status Report
September 15, 2005**

For the Period January 1-June 30, 2005

David R. Gifford MD MPH
Director of HEALTH
Rhode Island Department of HEALTH

Jennifer L. Swartz DO
Interim Chief Medical Examiner
Office of State Medical Examiners
Rhode Island Department of HEALTH

Rhode Island Department of Health
Office of State Medical Examiners
Status Report
January 1-June 30, 2005

The Rhode Island Department of Health's Office of State Medical Examiners (OSME) is committed to providing the citizens of Rhode Island the highest level of service and quality. This report intends to update the Governor and the Rhode Island General Assembly on the status of the OSME for deaths occurring in the period between January 1 and June 30, 2005.

As requested by Rhode Island Public Laws 147 and 152, the department has provided information on the volume of investigations, turnaround time for investigations, organ/tissue donation activities, external reviews of the OSME, budget and staffing, and plans for continued quality and performance improvement. The following information will serve as a baseline data set to measure improved service at the Office of State Medical Examiners and as a confirmation of the information collected by the Department of Administration's Bureau of Audits.

Introduction

General Function of the Office of State Medical Examiners

The Office of State Medical Examiners (OSME) performs numerous valuable public health functions for the citizens of Rhode Island. The OSME investigates, through the study of medical and police records, body inspection or autopsy, scene investigation, bodily fluid analysis, or any combination thereof, all known or suspected homicides, suicides, accidents, sudden infant deaths, drug related deaths; sudden, unexpected or medically unattended deaths; and deaths which may constitute the threat of epidemic or in any way endanger the public health.

The OSME also, screens deaths for adverse reactions to medication, infant mortality (such as SIDS), infectious disease (West Nile, EEE), chemical and biological agents, and for medical errors. The OSME plays a key role in the donation of organs and tissue. The OSME is required to screen potential donors under their jurisdiction for infectious disease or condition that may endanger the patient or the public's health. The OSME provides information to the RI Cancer Registry, HIV workgroups, and HEALTH's Office of Vital Statistics for the development of important public health policy objectives.

The OSME works in conjunction with HEALTH's Office of Health Statistics to participate in the National Violent Death Reporting System (NVDRS) Program. Rhode Island is one of 17 states national chosen to participate in this program. The NVDRS Program gathers data on various forms of violent death to effect change through an injury prevention program and the evaluation of potential interventions. The OSME is also an active participant in the Rhode Island Child Death Review (CDR) Team, which is committed to a multidisciplinary review of child deaths. The OSME provides detailed information, beyond that provided on death certificates, to assist the CDR Team in its mission. Community-based partners, legislators, and public policy makers use this information to take action to prevent child deaths and improve the safety and well being of all children. The Team's ultimate goal is to reduce the number of child deaths statewide.

Furthermore, the OSME provides expert testimony on criminal cases for state law enforcement agencies and the courts. The Chief Medical Examiner, Deputy Chief Medical Examiner or an Assistant Medical Examiner (or designee) are required by statute to approve all cremations performed in Rhode Island and approve and facilitate organ and tissue donation for cases under their jurisdiction. A staff of Scene Investigators and Agents assist the Chief Medical Examiner, Deputy Chief Medical Examiner and the Assistant Medical Examiners perform various activities related to scene investigations and examination of decedent's remains.

Additional functions include: contributing to, and expanding the current body of information and knowledge available in the field of forensic pathology; education and training of resident and fellow physicians studying in the field of pathology; training of law enforcement personnel relative to various techniques used in death investigations; and to disseminate information on the causes of death to the general public.

Volume of Investigations

Approximately 5,000 deaths, half of all deaths in Rhode Island, are reported to the OSME every year (see Table 1). The OSME determines the cause and manner of death through approximately 1,000 death investigations per year, with two-thirds requiring an autopsy and the remainder "in absentia" (e.g. not requiring an autopsy; rather a review of information such as the medical records, law enforcement records, inspection of the death scene and witness interviews). A small fraction of all investigations occur after the fact (e.g. after the death certificate has been filed by a non-medical examiner physician).

An autopsy is required under R.I.G.L. 23-4-4; on average, this encompasses 12% of deaths reported to the OSME. An autopsy may entail a thorough examination of the body and internal organs, microscopic examination of tissue, toxicology studies to test for drugs and alcohol, and other ancillary studies as required. During the period January 1 to June 30, 2005 the OSME performed a record number of autopsies. During this period, 385 deaths required an autopsy, putting the OSME on pace to perform over 700 autopsies in 2005. On average, the OSME performs 635 autopsies per year with a range of 616 to 672 over the past five years.

Table 1. Death investigations by HEALTH's Office of State Medical Examiners. ¹

| | <u>2000</u> | | <u>2001</u> | | <u>2002</u> | | <u>2003</u> | | <u>2004</u> | | <u>2005²</u> | | <u>Totals</u> | |
|-------------------------------------|-------------|------|-------------|------|-------------|------|-------------|------|-------------|------|-------------------------|------|---------------|------|
| Total Cases reported to OSME | 5,446 | 100% | 5,450 | 100% | 5,602 | 100% | 5,216 | 100% | 5,073 | 100% | 2,809 | 100% | 29,596 | 100% |
| Total Cases requiring autopsies | 646 | 12% | 620 | 11% | 623 | 13% | 672 | 12% | 616 | 12% | 369 ³ | 13% | 3,546 | 12% |
| Total Cases not requiring autopsies | 4,800 | 88% | 4,830 | 89% | 4,979 | 89% | 4,544 | 87% | 4,457 | 88% | 2,440 | 87% | 26,050 | 88% |

Turnaround Time for Investigations

Release of Remains

HEALTH's OSME is committed to meeting the needs of the family and friends of the deceased, particularly in investigations requiring an autopsy. The goal of the OSME is to ensure both a thorough and accurate investigation into the cause/manner of death and the

¹ State of Rhode Island, Department of Health, Office of State Medical Examiners, Autopsy Report Review Department of Administration, Bureau of Audits; Page 4, Table 1.1. August 31, 2005.

² Data reported by the Bureau of Audits includes the period from January 1 to June 30, 2005.

³ OSME has reported 385 autopsies performed between Jan. 1 and June 30, 2005.

timely release of the individual/remains to the family. There is no national standard for the timeliness of the release of remains. The goal of the OSME is to release the individual/remains within 48 hours of arrival, as long as it does not jeopardize the death investigation.

Between January 1 and June 30, 2005, the OSME release the remains of 250 patients (65%) within 24 hours and 343 (89%) within 48 hours. There were, 31 individual remains that were held at the OSME for greater than 48 hours (23 individuals were release within three days, six were released in four days, and two were released in five days). These individuals were not released for several reasons; five were unidentified, five were homicide victims requiring more complicated investigations, and three had no identified next of kin. The remaining 18 cases were delayed principally due to occurring over a busy or holiday weekend and a potential homicide investigation is always given priority when there are a large number of autopsies to complete after a holiday.

Autopsy Reports

Once the individual/remains are released, the OSME continues its investigation into the cause and manner of death. This requires the careful testing of tissue and specimens collected during the autopsy and correlating the findings with medical and law enforcement records. A written autopsy report often requires a review of the medical literature, case histories, relevant medical-legal case reports and in some cases consultation with experts before a final report can be issued.

The department's goal during this period is to complete all autopsy reports within 6 months of receiving the remains at the OSME. There are no national standards on the time frame for completion of autopsy reports, but the NAME is currently considering adopting standards that the OSME is committed to meet once adopted. During the period, January 1 through June 30, 2005, there were 385 total cases requiring autopsies. Of those cases 19 reports (5%) were completed within three months and 56 (15%) were completed within six months. An additional 18 reports (5%) were completed after six months. Of the 385 autopsies performed during this period, 311 reports have not been completed. However, many of the 311 final reports for autopsies performed during this period have not exhausted their six-month goal for completion. Many of these reports are still active investigations awaiting test results to conclusively determine the cause and manner of death.

It should be noted that in the time period from January 1 to June 3, 2005, the OSME was operating under old leadership and management strategy. During this time most autopsy reports were finalized only as they were requested. All autopsies were performed, associated tests executed, and a full death investigation conducted; however, reports were not finalized until a requested was received. Previously, all autopsy reports had to be reviewed and cleared by Chief Medical Examiner before release, adding to the delay.

As was found by the Bureau of Audits, the previous system used to complete autopsy reports was inefficient, lacked adequate accountability, and was hindered by a time consuming and labor intensive processes. Since the change in leadership at the OSME

this summer, and in conjunction with recommendations by the Bureau of Audits, HEALTH has revised and streamlined the process by which autopsy reports are reviewed and finalized. Pathologists have been given the ability to close their cases without the approval of the Chief Medical Examiner. Certain cases (child deaths, homicides) are still required to be reviewed by the Chief Medical Examiner and a percentage of cases are peer reviewed as a quality assurance measure. Streamlining the final approval process will vastly improve the OSME's ability to meet the autopsy report goal.

Additional measures are being taken to improve the quality and timeliness of autopsy reports. HEALTH is working in cooperation with the state's Office of Information Technology (DOIT) to improve efficiency and implement internal systems and controls. A fully integrated computerized case management system will allow for improved procedures, protocols, forms, and documentation for the effective tracking and reporting of cases. This workflow model is much more efficient and fully complies with nationally recognized standards.

Organ/Tissue Donation Activities

The OSME reviews all deaths within their jurisdiction for potential organ and tissue donation. The OSME review focuses on ensuring that organ donation does not jeopardize an investigation into any unnatural causes of death, such as those due to homicide or those that may be harmful to the transplant recipient (e.g. death due to infectious causes). In the first half of 2005, the OSME received 67 requests for organ and tissue donation to New England Organ and Tissue Transplant Bank (NEOTTB). Three requests (4 %) were for "beating heart" donations, and all of which were approved. During this period, only four (6 %) were denied donation, all of which were for cadaveric tissue donation and not "beating heart" organs. The cadaveric tissue donations were denied for several reasons: one case involving a child in foster care, one homicide, one possibly infectious case, and in one case there was not enough information available to rule out homicide as the cause of death.

Dialogue between the Organ Bank and the OSME has improved greatly and the process for requesting permission to harvest organs/tissue has been streamlined. In addition, the OSME has implemented a new tracking system for organ bank requests that ensures a faster, better-documented process. HEALTH and the OSME plan to maintain communication with the NEOTTB to ensure this successful relationship continues to serve the public.

External Reviews of the OSME

OHSA Review

The OSME had been review by the Occupational Health and Safety Administration as a result of concerns raised by Council 94. In a letter to HEALTH, the Occupational Health

and Safety Administration (OSHA) identified 10 concerns with the physical plant and written procedures. The four physical plant violations involved an un-cleaned area (a computer in the hallway), an overhead storage unit obstructing a sprinkler, an uncovered electrical junction box, and an overhead light fixture with a missing guard. The remaining six violations were for a lack of documentation for procedures already in place. All violations were corrected in a timely manner and HEALTH received a letter from OSHA on February 4, 2005 stating all concerns "have been abated."

The OSME management has continued to meet with the Council 94 president and the Acting Director of the Laboratories/Human Resources Director to address employee issues.

Bureau of Audits Review

At the request of the Director of Health, the Bureau of Audits completed a review of the OSME to determine: the number of cases received, the number of autopsy reports required to be prepared, and the number of incomplete autopsy reports. At the conclusion of the review, the Bureau of Audits provided the following five recommendations:

- ❑ Implement standards, policies, practices, and procedures, in conjunction with the National Association of Medical Examiners (NAME), to assure the timely completion of autopsy reports. Furthermore, the OSME should consult with NAME to develop and implement policies to address the existing backlog of cases.
- ❑ Implement a system to minimize or eliminate the manual process surrounding the documentation of cases.
- ❑ Design and implement a system of internal controls to make the process of preparing autopsy reports more efficiently.
- ❑ Expedite the development and implementation of a computerized case management system.
- ❑ Revise the autopsy report to include a line item for the date the pathologist completed the report.

In a letter to the Chief of the Bureau of Audits dated August 31, 2005, the Director of Health accepted the recommendations of the review. Also provided were measures already under way to meet several of these objectives. HEALTH has committed to developing standards for the timely completion of autopsy reports, in consultation with NAME. NAME, based upon their expertise with similar issues in other jurisdictions, has advised HEALTH on policies and procedures for prioritizing and completing aging cases as they are requested.

Recommendations two through four call upon the OSME to implement systems of internal controls to minimize manual processes surrounding the documentation and tracking of cases. Currently, HEALTH is working with DOIT to study workflow to improve the overall efficiency of the office. This includes the redesign of procedure, protocols, forms and documenting needs for the automation of tracking and reporting of cases. The Bureau of Audits final recommendation called for a designated area on the

report form for the pathologist to sign and date the completed autopsy report. This recommendation has already been implemented in order to improve accountability and quality assurance at the OSME.

NAME Accreditation

The OSME has begun the process of working toward accreditation from the NAME. HEALTH personnel have begun to evaluate current staffing, equipment, documentation, and physical conditions at the OSME to determine preliminary compliance with NAME guidelines. Based on advice from neighboring states and the NAME, HEALTH is now seeking an external review in preparation for applying for accreditation from NAME. HEALTH has submitted a grant proposal to obtain funding for an independent pre-accreditation consultation and assistance in writing a detailed Standard Operating Procedures Manual.

BUDGET AND STAFFING

Budget

The OSME currently receives 100% of its funding from general revenue. Over the last 4 fiscal years the budget has remained stable. During FY03 the OSME spent \$1,705,343, for FY 04 \$1,753,393 was spent, and for FY05 a total of \$1,828,161 was spent. There was a 4% increase in funds for the OSME in FY2005. For FY06 the OSME's enacted budget is \$1,830,258, less than a 1% increase.

Grant Funding

HEALTH's Office of Human Resources submitted a grant proposal, under the CDC's Public Health Emergency Preparedness Program, to purchase a software package to management cases, decedent records, and associated data reports. The OSME currently has no electronic system to track this information. The current paper-based tracking system hinders efficiency, the ability to evaluate performance, the ability generate statistical reports, and the ability to rapidly access a decedent's records. The development of a computer based tracking system should improve the OSME's ability to serve the public in a more effective and efficient manner.

Staffing

The OSME currently has a total staff of 17.5 FTE's. Current staff levels are: 1 Chief Medical Examiner (currently vacant and recruiting), 3 Pathologists (excluding the Chief Medical Examiner), 5 Investigators, 3 Medical Examiner Agents (autopsy assistants) (currently 2 vacant and recruiting), 2 case managers, 2 clerical staff, 1 administrator (currently vacant and recruiting), .50 Fiscal Management Officer. Core staffing at the OSME has been below professional staffing levels for some time, due to injury and position vacancies.

The Department of Health assigned a staff person from HEALTH's Office of Human Resources on a part-time basis to assist the OSME with hiring, handling of staff issues,

work flow re-design, and policy development. As a result of these efforts, the OSME will be increasing its efficiency and ability to better serve the citizens of Rhode Island.

The Interim Chief Medical Examiner and the HR Coordinator are working collaboratively to post and fill vacant positions at the OSME. These positions include the following: (1) Scene Investigator, (3) Medical Examiner Agents, (1) Medicolegal Administrator, and (1) Chief Medical Examiner. Currently, the Scene Investigator position has been filled. This now enables the OSME Scene Investigator unit to work at full capacity.

Additionally, two of the three Medical Examiner Agent positions have been filled. Interviews for the last Medical Examiner Agent positions will begin in September of 2005. These new hires will enable the OSME to improve turn around time for the release of individuals/remains and the issuing of autopsy reports.

Recruitment efforts for the Medicolegal Administrator position are underway. This position will serve as the administrator for the OSME. The position will ensure 24/7 operations of the office, daily management and supervision of investigative, mortuary, case management and office support staff. This position will also have responsibilities related to: budget, contracts, office accreditation, standard operating procedures, grant activities, training, compliance with health and safety standards, quality customer service, and collaboration with other agencies.

HEALTH conducted a nationwide recruitment search for candidates to fill the position of Chief Medical Examiner. The initial round of interviews for this position will begin in September 2005. HEALTH involved members from the Medical Examiner's Commission and a representative from the RI Police Chief's Association to participate in the process. The Chief Medical Examiner oversees the daily operation of the OSME, represents the office and department, contributes to policy development, and works with community partners to ensure the highest medical standards and quality of care for patients and their families.

Staff Issues and Workflow

Because of the initial staffing shortage, the duties and responsibilities of staff were examined. As a result, the front office and case management tasks were reassigned in order to meet the needs of the public. Staff reassignments are consistent with the cooperative HEALTH/DOIT workflow study and improvement of internal systems and controls. Lifewatch, the State's vendor for employee assistance, provided training on how to process the needs of grieving families in a sensitive manner. Additionally, all staff are now in compliance with health regulations (Hepatitis B, PPD, respirator medical clearance exams, respirator fit testing).

Policy Development

Human Resource involvement at the OSME has lead to the development and clarification of department-wide and office-specific policies. Such policies have included the

following: reporting to work, breaks and lunches, chain of custody, health and safety, and standard operating procedures.

Plans for Improving Performance

While the OSME has already made changes in how the office functions and work is completed, and feedback on the OSME performance in general has been positive, there are areas that can be improved. Based on the review of current performance and external reviews, plans for continuing to improve performance in the OSME include the following:

A. Decrease turnaround time.

The OSME plans to improve turnaround time for the release of individuals/remains and issuing of autopsy reports by:

- ❑ Improving workflow to decrease needed time to complete autopsy reports. Our goal is to achieve 98% of reports available within 6 months and at least 65% available within 3 months. IT personnel have been conducting a work flow study in order to see how we can work better and to aid in developing/purchasing a computer system.
- ❑ Keeping families informed of progress in completing autopsy reports when they exceed three months.
- ❑ We plan to update our database for tracking release of individuals or remains and completion of autopsy reports. This will enable us to track and flag different time points in the process to identify reasons for delays and to help reallocate resources when delays are occurring. It will also help HEALTH to evaluate our ability to achieve desired objectives.
- ❑ Changes have already been made in the process of signing a death certificate and other related paperwork. This streamlined signature process will allow for the quicker release of decedents to funeral homes.

B. Computerization of the Office.

As previously mentioned, an internal assessment of workflow is underway, and will be used in the development of a computer based case management system. Grant proposals have been submitted to gain funding for the computer system and support.

Computerization will allow for accurate record and tracking of OSME cases, and can be utilized to adopt a "flagging" system to alert one as to cases that should be completed.

C. Allow families and funeral home directors easier access to information.

- ❑ A website with general information on actions of the OSME has been developed.
 - Provide information on death certificates
 - Pending death certificates and insurance
 - How to obtain a death certificate
 - Frequently asked questions
- ❑ Develop a brochure to inform customers of the process of an autopsy (why, when will the report be completed, etc.)

- ❑ Letters are now being sent to the families requesting homicide reports, informing them that there may be a delay in releasing the report due to requiring clearance from the Attorney General's Office.
- ❑ Developed a letter to go to families to inform them that a pending death certificate is a legal document and how they will be notified when the death certificate is amended. Many families were unaware that a pending death certificate is a legal document that can be used to resolve insurance matters.

D. Initiate feedback evaluation from funeral directors and law enforcement.

We are planning to design feedback evaluation questionnaires that will be sent to:

- ❑ Funeral directors with each individual body, and
- ❑ Law enforcement personnel following completing of investigation.

E. NAME Accreditation

The OSME is committed to obtaining accreditation by the National Association of Medical Examiners. This will be a long process, but the first steps have been taken. A grant proposal has been submitted to gain funding to conduct a pre-accreditation consultation.

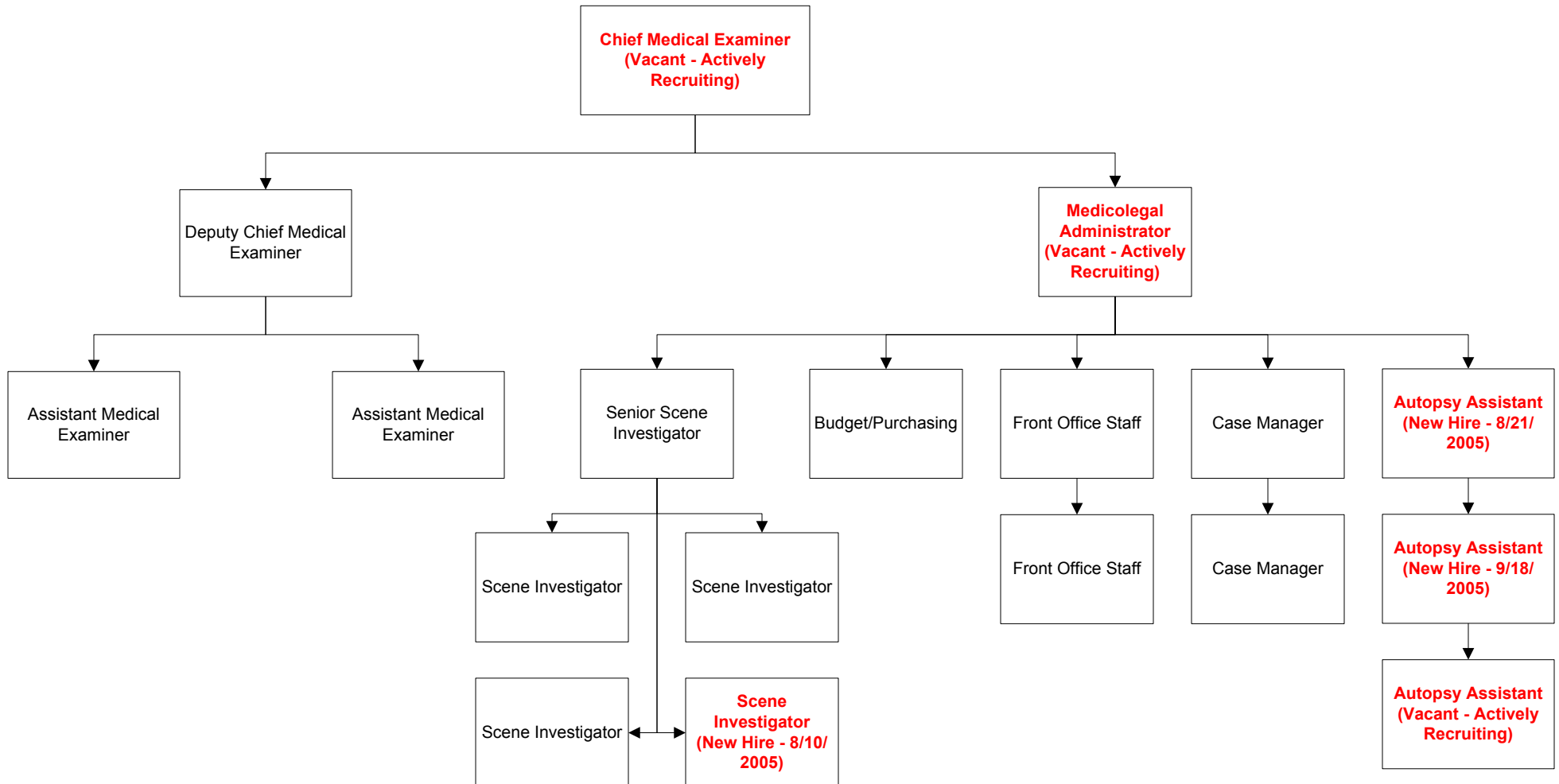
F. Personnel and Safety Training

We have started to develop our Standard Operating Procedures (SOP) manual. The section on Autopsy Services is completed and an Investigative Guidelines book for the Scene Investigators is nearly completed. Our Office Safety Manual is written and employees have been trained in the proper procedures to follow to ensure a safe work place.

G. Increasing emergency preparedness.

- ❑ HEALTH will continue to work with DOH, EMA, state and local law enforcement and rescue personnel to ensure effective and timely communication and to ensure a current mass fatality plan.
- ❑ Currently a team is in place and working to incorporate the OSME Mass Fatality Plan into a statewide plan.
- ❑ The OSME will participate in local mass casualty drills. We took part in the Mock Airport Disaster Drill "Apex '05", and plan to participate in an event at the Providence Place Mall in September.

**Rhode Island Department of Health -- Office of State Medical Examiners
Organizational Chart (9/15/2005)**



RED - Indicates recently hired or vacant positions